Attrace Frances 5-32-62 WITED STATES ENVIRONMENTAL PROTECTION AGENC" AUTHORIZED BY RULE WASHINGTON, DC 20460 ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT NAME AND ADDRESS OF EXISTING PERMITTEE NAME AND ADDRESS OF SURFACE OWNER SANTA FE MINERALS WMA. BLANKENSHIP 4500 ONE WILLIAMS CENTER COUNTY EPA ASSIGNED FORM # LOCATE WELL AND OUTLINE UNIT ON SECTION PLAT - 640 ACRES 2418 SURFACE LOCATION DESCRIPTION W OF LOCATE WELL IN TWO DIRECTIONS FROM REAREST LINES WELL ACTIVITY TYPE OF AUTHORIZATION ☑ Individual □ Area ☑ Brine Disposal D Enhanced Recovery ☐ Hydrocarbon Storage Number of Wells \_\_ Well Number 29 Lease Name RECEIVED JAN 3 1 1986 OSAGE UIC PROGRAM TOTAL VOLUME INJECTED TUBING - CASING ANNULUS PRESSURE (OPTIONAL MONITORING) MONTH AVERAGE PSIG MAXIMUM PSIG BBL MINIMUM PSIG MAXIMUM PSIG 3.570 2548 2408 I cortify under penalty of law that this document and all attachments were prepared under my direction or

Iccrtify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

NAME AND OFFICIAL TITLE (Please type or print)	SIGNATURE	DATE SIGNED
Ken W. Bolt, Jr. Sr. Production Engineer	210 Bolth	1-30-86
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